

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-799-376**
APPLICANT(S)

FILING DATE **03-12-04**

3-12-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2				1			52								
3				1			53								
4				1			54								
5				1			55								
6				1			56								
7				1			57								
8				1			58								
9				1			59								
10				1			60								
11				1			61								
12				1			62								
13	1		1				63								
14				1			64								
15				1			65								
16				1			66								
17				1			67								
18				1			68								
19				1			69								
20				1			70								
21				1			71								
22				1			72								
23				1			73								
24							74								
25			1				75								
26	1			1			76								
27				1			77								
28				1			78								
29				1			79								
30				1			80								
31				3			81								
32		3		3			82								
33		3		3			83								
34		3		3			84								
35		3		3			85								
36		3		3			86								
37		3		3			87								
38		3		3			88								
39		3		3			89								
40		3		3			90								
41		3		3			91								
42		3		3			92								
43		3		3			93								
44		3		3			94								
45		3		3			95								
46		1		1			96								
47		1		1			97								
48		1		1			98								
49		1		1			99								
50		1		1			100								
TOTAL IND.	3		3				TOTAL IND.								
TOTAL DEP.	75		73				TOTAL DEP.								
TOTAL CLAIMS	78		76				TOTAL CLAIMS								